

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24723

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>249</u>		PRIMARY REG. DIST. NO. <u>6027</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Jackson</u>)		c. LENGTH OF STAY (In this place) <u>48 yrs</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. east of Corridon</u>				e. STREET ADDRESS (If rural, give location) <u>2 mi. east of Corridon</u>			
3. NAME OF DECEASED (Type or Print) <u>KATIE</u>				a. (First) _____ b. (Middle) _____ c. (Last) <u>TARVID</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1956</u>	
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>unknown about 78</u>	
9. AGE (In years last birthday) _____		10. IF UNDER 1 YEAR Days _____		11. IF UNDER 1 YEAR Hours _____		12. IF UNDER 1 YEAR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Poland</u>							
13a. FATHER'S NAME <u>Jacuy Kluska</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Felix K. Tarvid</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Tarvid, Centerville Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				4201			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept 30, 1954</u> , to _____, 19____, that I last saw the deceased alive on <u>Sept 30, 1954</u> , and that death occurred at <u>1.30P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kenneth T. Curtis</u>				23b. ADDRESS <u>no Ellington</u>		23c. DATE SIGNED <u>May 11/56</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tarvid Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Corridon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/15/56</u>		REGISTRAR'S SIGNATURE <u>B. M. G. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

Rachel White

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 7-20-56

Reynolds County Health Center

File No. 756 - 24

SEP 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Amel J. White*

Licensed Embalmer No. *3012*

P. O. Address *Don'ton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.